

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042925

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1361

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Joseph		c. CITY OR TOWN Unionville	
Length of stay in 1b 17 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) State Hospital No. 2		d. STREET ADDRESS (If outside, give location) --2218 Washington	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Roxie -- Coffrin			4. DATE OF DEATH Month November Day 22 Year 1963		
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1887	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY --		
11. BIRTHPLACE (City and state or country) Unionville, Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME William P. Cook			13b. MOTHER'S MAIDEN NAME Sarah Shepard		
14. NAME OF HUSBAND OR WIFE Harry C. Coffrin			Address		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. Records of State Hospital No. 2		
17. INFORMANT Records of State Hospital No. 2			Address		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lobar pneumonia		INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease with de-compensation		over 3 mos.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct. 15, 1963 to 11-22-63 and last saw her alive on 11-21-63 Death occurred at 7:25 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>C. Smith, M.D.</i> (Degree or title)	22b. ADDRESS State Hospital No. 2	22c. DATE SIGNED 11-22-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Nov. 22, 1963	23c. NAME OF CEMETERY OR CREMATORY Comstock Funeral Home	23d. LOCATION (City, town, or county) (State) Unionville, Missouri
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24. FUNERAL DIRECTOR Meierhoffer-Fleeman Inc., St. Joseph, MO.	25. DATE RECD. BY LOCAL REG. Nov. 26, 1963	26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Goodell</i>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

C. Smith, M.D.

VS 300
Rev. 4/59
15117
3860-
3
4 1
5 1
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7 6
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94200
10
11
12 93-0
13 1-0

751211-108

DEC 4 1963

Permit issued 11-23-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.